

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16839**
Registrar's No. **2017**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 1943 149

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **4229 Tracy St.**
(c) Name of hospital or institution **Home 4229 Tracy**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days** (Specify whether years, months or days)
In this community **10 days**

3. (a) PRINT FULL NAME

Hattie Lee Bryant

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **R. T. Bryant** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Sept 16 1863** (Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **Linden MO** (City, town, or county) (State or foreign country)

10. Usual occupation **L W**

11. Industry or business

12. Name **Levi Gillespie**

13. Birthplace **W** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Callahan**

15. Birthplace **W** (City, town, or county) (State or foreign country)

16. (a) Informant **Lewis Bryant**

(b) Address **4229 Tracy St. W. C. Davis**

17. (a) (Burial, cremation, or removal) **Buried** (b) Date thereof **May 3-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Barnes**

18. (a) Signature of funeral director **Monte Funeral Home**

(b) Address **no known city**

19. (a) **5-2-43** (Date received local registrar) (b) **M. M. O'Brien** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **4229 Tracy** (If outside city or town limits, write "RURAL")
(d) Street No. **4229 Tracy** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **30** year **1943** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **33** to **Apr 30 1943** that I last saw him alive on **Apr 30 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis** Duration **Unknown**

Due to **93 D**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature **Ott. F. Newman** (M.D. or other)

Address **1115 Grand** Date signed **May 2-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John S. Morton
.....
Licensed Embalmer No. *4349*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.